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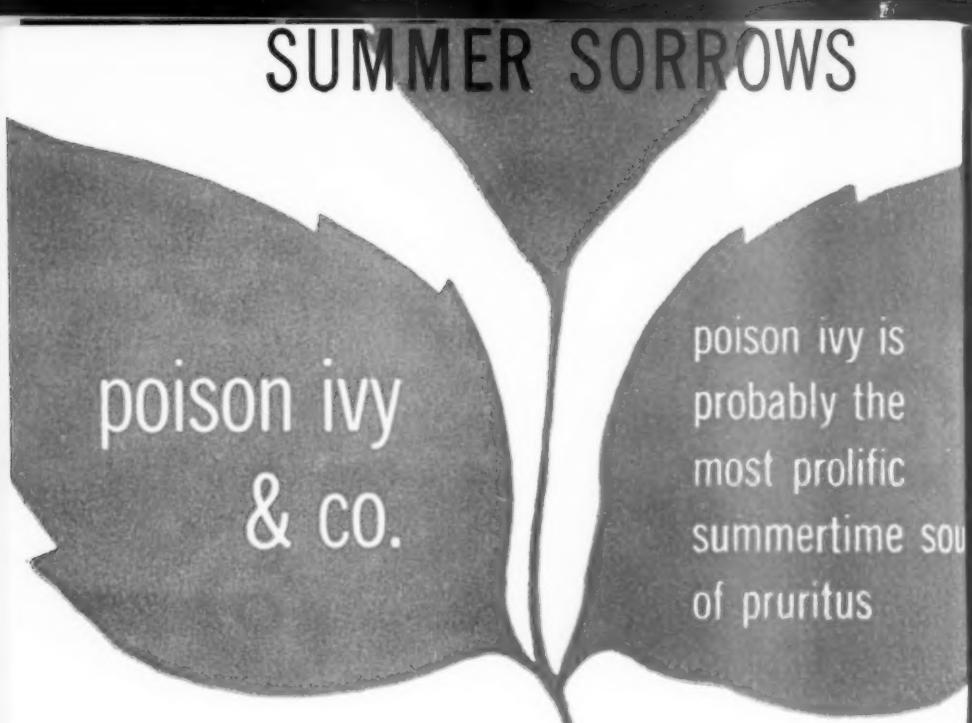
R.N.
UG. 1949

SUMMER SORROWS



AS AN AID TO AVOIDANCE

of dermatitis venenata, the famous CALMITOL "Ivy Leaf"* reproduces an exact cut-out of the *rhus* leaf and gives some simple criteria for plant identification.

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CALMITOL affords swift, sust
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dermatitis venenata or of any
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its point of origin through the
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R.N. CONTENTS

august, 1949
vol. 12, no. 11

features

departments

cover credits

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WHEN THE DIET

Needs Supplementation

Comparison of the accompanying two columns of nutritional values clearly shows why Ovaltine in milk has been so widely accepted as a highly effective *multiple dietary food supplement.*

Column A lists the National Research Council's Recommended Daily Dietary Allowances for each *100 calorie portion* in the diet of a 154-pound man of sedentary occupation. Column B lists the amounts of the same nutrients provided by a *100 calorie portion* of Ovaltine in milk.

	A N.R.C. Diet	B Ovaltine in Milk*
CALORIES	100	100
CALCIUM	40 mg.	166 mg.
IRON	0.5 mg.	1.8 mg.
PHOSPHORUS	60 mg.	139 mg.
VITAMIN A	208 I.U.	444 I.U.
THIAMINE	0.05 mg.	0.17 mg.
RIBOFLAVIN	0.08 mg.	0.30 mg.
NIACIN	0.5 mg.	1.0 mg.
ASCORBIC ACID	3.1 mg.	4.4 mg.
VITAMIN D		62 I.U.
PROTEIN	2.9 Gm.	4.7 Gm.

The easy digestibility of Ovaltine in milk and its universally appealing flavor enhance its value as a dietary supplement.

*Based on average reported values for milk. Three servings of Ovaltine, each made of ½ oz. of Ovaltine and 8 fl. oz. of whole milk, the daily dosage recommended for diet supplementation, provide 676 calories.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.

Ovaltine

Two kinds, Plain and Chocolate Flavored. Serving for serving, they are virtually identical in nutritional content.

Chocolate Flavored Ovaltine is especially liked by children.

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According to a Nationwide survey:

More Doctors Smoke Camels

than any other cigarette

When three leading independent research organizations asked 113,597 doctors what cigarette they smoked, the brand named most was Camel!

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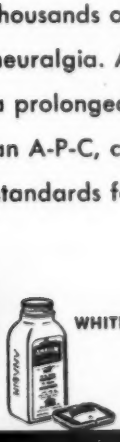
Indeed There Is!

The effectiveness of the well-known "A-P-C" formula, as best demonstrated in Anacin, has been established in thousands of cases of simple headache, neuritis and neuralgia. Anacin tablets work speedily—and for a prolonged period of time. When you consider using an A-P-C, consider Anacin. It is made to exacting standards for you and your patients.

ANACIN



WHITEHALL PHARMACAL COMPANY • 22 East 40th Street, New York 16, N.Y.

DEBITS & CREDITS

No Sooner Said . . .

Dear Editor:

Many postage stamps have been issued honoring private citizens.

We nurses should nominate our own Clara Maass, who sacrificed her life to help find the cause of yellow fever [**R.N.**, Dec.].

I am certain this idea will appeal to all nurses.

FRANCES ROTHROCK, R.N.
SAN FRANCISCO, CALIF.

[*A resolution to create a Clara Maass commemorative stamp was introduced into Congress this year* [**R.N.**, *June, p. 66*], *but hit a snag in the form of a new Post Office ruling prohibiting issuance of commemorative stamps except on a 50th anniversary. New Jersey admirers of the heroic nurse are now working to have a stamp issued in 1951, 50 years after her death on August 24, 1901.*—THE EDITORS]

Private Duty Recession?

Dear Editor:

After being informed by the Registries of New York City that private duty is very slack and that there are hundreds of nurses idle, why keep up the propaganda that there is a shortage of nurses. Any nurse will tell you differently, but the nurses are the last to be asked.

My registered nurse friends inform me that they have been on call for six weeks. One has had 23 days of work since December. But you will not publish this so why go on.

Institutions are short of nurses because they expect one nurse to do three nurses' work. It is impossible for one nurse to care for 25 private patients on one floor and take complete charge of the floor on an 8-hour shift.

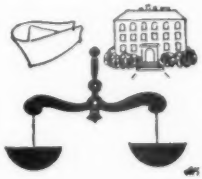
R.N., NEW YORK, N.Y.

[*Is this true in other cities or is it only peculiar to New York City?*—THE EDITORS]

High Time?

Dear Editor:

Each state has some sort of reciprocity agreement with various other states for registration of nurses, but why isn't there a nationwide reciprocity program among all states? Take my case, for example. I was graduated from an accredited hospital school of nursing in one of the southern states after a three-year course in a hospital with 28 beds, took my State Boards and was registered in that state. After two years



of marriage my husband died and I went back to nursing. I went to St. Louis to work but was refused registration unless I took another year's training. I have been a registered nurse for 12 years and have worked in Missouri, Illinois, Colorado and Louisiana, but even though I keep my own state registration up to date, I can't get registration in any of these states. Also, I couldn't qualify for war service because I did not train in a 50-bed hospital. Even though that state has since raised its standards, what about all of us who graduated from small hospitals before this change? I'm only 32 and hope to work for a good many more years yet; and I would like to be legally registered. I think it high time that we consider the patients' welfare, utilize available nursing personnel and stop quibbling over whether the nurse trained in a certain size hospital in a different state.

R.N., CLINTON, LA.

[*Your case, multiplied by countless others, is the basis for Dr. E. Lucile Brown's recommendation that an "undetermined number of weak schools—running certainly into several hundreds—should be closed." You are experiencing the injustice of a hospital of 28 beds operating a training school. Although the State Board of Nurse Examiners in your particular state closed its eyes to the obvious inadequacy of the kind of preparation that 28 beds can offer, State Boards in other states will not; therefore, you, the unsuspecting victim, must be restricted in the practice of your profession. Unfortunately, the*

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Great news for you and patients suffering from athlete's foot. You'll want to try **Octofen,** McKesson's spectacular new preparation, applauded by many outstanding physicians.

Octofen has proved successful in the treatment of cases wherein the most **severe** types of athlete's foot cleared—when many other forms of treatment failed!

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- Has shown no primary irritation or sensitization in clinical work to date.
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Address_____

City & State_____

only way you can qualify for registration in those states mentioned is by further preparation in your deficiencies. So long as the great unevenness in basic nursing education persists, a nationwide reciprocity program will never be a reality.—THE EDITORS]

In Protest

Dear Editor:

I read with interest your editorial "Is Federal Aid to Nursing Education Our Answer?" [R.N., March].

I wish to register a protest to the use of the term "nursing technician" for the practical nurse or nurse attendant. It more accurately applies to a graduate registered professional nurse.

My reasons are that the definition of a technician is a person skilled in a special art. I do not see how this could be applied to a practical nurse. I feel that all technicians (and I am a medical technologist registered with the American Society of Clinical Pathologists), not only those in clinical laboratories, but others skilled in their chosen art, will object to the use of this nomenclature for auxiliary nursing personnel.

MRS. INA M. SALISBURY, R.N.
AUGUSTA, ME.

[*We have discussed this with various nurse educators who approve the term "nursing technician." The sum and substance of their replies boils down to the fact that they think if the R.N. is a technician in any field, even if allied to nursing, but is no longer engaging in nursing duties,*

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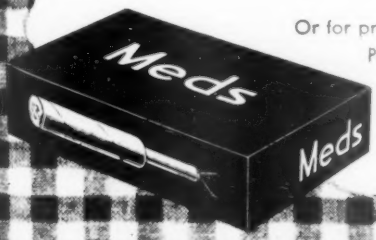

The Modess tampon

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FREE PROFESSIONAL SAMPLE

Personal Products Corporation,
Dept. RN-8, Milltown, New Jersey.

Please send postpaid in plain wrapper a professional sample of Meds... the Modess tampon.

Size is checked below:

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Address_____

there is no conflict in terminology. We think on the basis of your protest and others like it, technicians in the various specialties should register an official complaint before the term "catches on."—THE EDITORS]

Ounce of Prevention

Dear Editor:

In your *Debits and Credits* column for April you brought out some excellent points in regard to proposed medical legislation. Most doctors are concerned over the welfare of their patients and are diligent in seeing that they receive adequate treatment. Progress is being made in all of the states' health programs. I do feel that we need a much more intensive public health educational program for the people through the press and through the schools. This is good preventive medicine which will eliminate some of the necessity for much remedial medicine later on.

EUNICE E. FOX, R.N.
ASHEVILLE, N.C.

Provocative Point

Dear Editor:

If, as some authorities expect, we may possibly face a biological or germ war, why are not key personnel, such as doctors, nurses, policemen, firemen, etc., being protected by inoculations and vaccinations amply fitting them to withstand any such onslaught?

I've had "overseas shots" which I am maintaining regularly to keep myself immunized from smallpox, ty-

Canned Foods as a Source of Thiamine (Vitamin B_1)

Number 3 in a series of articles which summarize the conclusions about canned foods reached by authorities in nutrition research.

Thiamine, the anti-neuritic vitamin, is perhaps the best-known member of the B complex. It promotes growth, is essential in carbohydrate utilization, and helps maintain normal appetite and proper intestinal function. (1)

Only a few foods can be classified as rich sources of thiamine; they include peas, beans, oatmeal, whole wheat, lean pork, and peanuts.

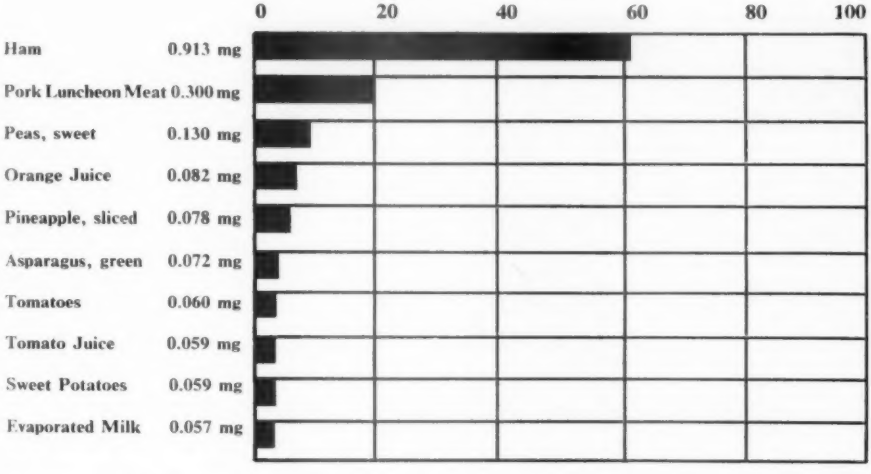
Fruits, vegetables, and milk, however, must not be overlooked since they may contribute appreciable amounts of thiamine, although the amount per unit of weight is relatively low. (2)

Since thiamine is derived from a number of foods, each of which contributes a small amount of this essential nutrient, the wide variety of foods made available throughout the year by commercial canning will assist in the acquisition of an adequate supply of Vitamin B_1.

Canned foods which contribute 5% or more of the Recommended Daily Allowance include pork luncheon meat, peas, orange juice, sliced pineapple, and green asparagus. (3)

Percentage of Recommended Daily Allowance* in 4-oz. (113 grams) Serving (3)

(Based on analysis of the entire can contents)



**Percentage based on Recommended Daily Allowance—1.5 mg. for moderately active male—National Research Council.*

(1) 1943. Chemistry of Food and Nutrition. H. C. Sherman. Page 355. MacMillan, New York.

(2) 1943. Handbook of Nutrition, A. M. A. Council on Foods and Nutrition. Page 215. American Medical Association, Chicago.

(3) 1947. The Canned Food Reference Manual. American Can Company. Pages 247-48. Rogers-Kellogg-Stillson, New York.

phoid-Para. T., typhus, cholera, yellow fever, principally because of this threat. I'm firmly convinced that more should be so protected.

R.N., BELDEN, CALIF.

[*A point well taken. Although the late Secretary of Defense Forrestal did issue a statement debunking the existence of biological super-weapons, your questions should be referred to the War Department and, in turn, to the group conducting a research program on the methods of prevention and treatment of disease caused by biological warfare.*—THE EDITORS]

Code is Needed

Dear Editor:

Your article "Will Just Being Good Women Suffice?" [R.N., Feb.] is most interesting, and since it is so important, I feel that nurses everywhere should consider it carefully and make known their opinions regarding a definite written code of ethics. The need is very great.

"The loosely defined general understanding of ethics among the profession's members" has long been forgotten by many.

If only nurses could forget their prejudices and always remember the loyalty we owe to our patients, to whom we agree to give our best. Every nurse should be happy in her work, but she cannot be in an improper environment. And a happy nurse does make happy patients. Keeping up patient morale is one of our most outstanding responsibilities.

Training schools and a written

TRUSHAY

for soft hands that smooth the way thru the day

Now you can have those well-groomed hands *On Duty* as well as *Off Duty*—in spite of the drying damage of frequent scrubbings, soap and water.

with TRUSHAY that is

For TRUSHAY starts off by being the most luxurious softener that ever smoothed your skin—rich as cream—but without a trace of stickiness. It's sheer delight to use at any time.

and that isn't all

For TRUSHAY does double duty with its unique "beforehand" extra. Smoothed on *before* frequent washings, TRUSHAY protects your hands even in hot, soapy water—guards the skin by helping to preserve its natural lubricants.

Begin today to use TRUSHAY *—and when patients admire your well-groomed hands, tell them about the lotion with the "beforehand" extra,* TRUSHAY.

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code should stress that a nursing career comprises more than hard work and a forthcoming pay check.

R.N., LOUISVILLE, KY.

Ouch!

Dear Editor:

Please take me off your mailing list. I can no longer accept a magazine which in ONE issue condemns:

1. Nurses who wish wages on a 1949 level.
2. Public health work.
3. A health plan which, although not perfect, is better than none.
4. Hospitalization.

ELSA O. BLEY, R.N.

CROTON-ON-HUDSON, N.Y.

[*Never thought it would happen to us. One free subscription available.*—THE EDITORS]

No Protection

Dear Editor:

In reply to the letter "Distinctive Black Bands" [R.N., Dec.], I would like to state that there is no law forbidding practical nurses from wearing black bands. One nurse I know of left training to marry, and later decided to do practical nursing. She not only laughed at her former classmates who had completed their course but she wore a white uniform and a black band on her cap. Also, in a local hospital there was employed and perhaps is still employed a graduate of the Chicago School of Nursing Correspondence course, who wears a cap with a black band.

R.N., LANCASTER, PA.

THE PLACE OF *Candy* IN THE *Balanced Diet*

In a carefully chosen, well-balanced dietary providing all essential nutrients in proper amounts, there is adequate provision for foods which do more than merely satisfy nutrient needs—foods which are especially tempting to the palate. Candy is that kind of food.

Supplying valuable caloric food energy, it also imparts to a meal a finishing touch of which few other foods are capable. Candy, with its almost irresistible attraction, need not be denied children or adults providing the dietary is adequate in all other respects. In fact, candy at the conclusion of a meal imparts a feeling of satiety and a sense of having eaten well, both of which enhance the functioning of the digestive processes.

Many candies are made of valuable foods in addition to sugar—butter, milk, cream, eggs, nuts and peanuts—and to the extent these foods are present, candies contribute biologically adequate protein, vitamins, and minerals.

THE NUTRITIONAL PLATFORM OF CANDY

1. Candies in general supply high caloric value in small bulk.
2. Sugar supplied by candy requires little digestive effort to yield available energy.
3. Those candies, in the manufacture of which milk, butter, eggs, fruits, nuts, or peanuts are used, to this extent also—
   (a) provide biologically adequate proteins and fats rich in the unsaturated fatty acids;
   (b) present appreciable amounts of the important minerals calcium, phosphorus, and iron;
   (c) contribute the niacin, and the small amounts of thiamine and riboflavin, contained in these ingredients.
4. Candies are of high satiety value; eaten after meals, they contribute to the sense of satisfaction and well-being a meal should bring; eaten in moderation between meals; they stave off hunger.
5. Candy is more than a mere source of nutriment—it is a morale builder, a contribution to the joy of living.
6. Candy is unique among all foods in that it shows relatively less tendency to undergo spoilage, chemical or bacterial.

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QUESTION:

Do nose and throat specialists suggest "Change to Philip Morris Cigarettes"?

ANSWER:

Yes. When patients under treatment for throat conditions persist in smoking, many eminent nose and throat specialists suggest *"Change to Philip Morris"**... the *only* cigarette proved** less irritating.

• ***In fact, for all smokers, it is good practice to "Change to Philip Morris."***

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***Completely documented evidence on file.**

****Reprints of published papers on request:**
Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154; Laryngoscope: Jan. 1937, Vol. XLVII, No. 1, 58-60; Proc. Soc. Exp. Biol. and Med., 1934, 32-241; N. Y. State Journ. Med., Vol. 35, 6-1-25, No. 11, 590-592.

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*3-to-1 preference over next most popular brand revealed in independent surveys conducted by the nation's two leading nurses' journals.

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A mosquito-infested swamp in Cuba was cleared of 40,000 insects in two months by using a loudspeaker that broadcast the mating call of the female mosquito, played on an automatic record-changer. The mechanism, operated by students from Cornell University Medical College, attracted up to 1,500 mosquitoes a night into a device where they were electrocuted by wires carrying from ten to fifteen thousand volts.

*

Experimentation with a metal femural head made of molybdenum steel to restore ambulation to hitherto inoperable old fractured hip and arthritic cases is underway, Dr. Leonard T. Peterson told the Washington, D.C. Orthopedic Club a few months ago.

*

A preliminary report in *The Lancet* discusses the use of denatured calf plasma for transfusions. The plasma, which has been treated with formol, ammonium hydroxide and physiological saline solution, does not contain agglutinins for human blood in the A, B, or AB groups. It does not hemolyse red corpuscles. The calf plasma has been used on both adults and children in Spain and in Czechoslovakia with favorable results.

*

Nebraska has highest life expectancy of any state in the Union, according to the National Office of Vital Statistics. Average length of life there is 66.25 years for white males and 70.04 for white females, compared with U.S. average of 62.81 for males and 67.29 for females.

*

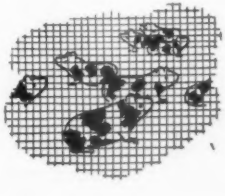
An article in the *North Carolina Medical Journal* calls attention to the rapidly increasing incidence of rat-bite fever in the U.S. The disease, contracted by animal bite or other contact, is caused by the Streptobacillus moniliformis or Spirillum minus, and may be treated successfully in most cases with penicillin. The rat bite should also be cauterized with phenol, and the patient given tetanus anti-toxin and anti-rabies vaccine.

*

Use of a new cohesive, non-irritating bandage technique which permits corrective treatment for club foot deformities immediately after birth, increases the rapidity and completeness of the correction, writes Dr. Emil D. W. Hauser in the JAMA.

*

An article in *Occupational Medicine* on the hazard of phenylmer-



curic salts states that burns suffered by workers handling these chemicals differ from ordinary phenol burns in that they are not immediately painful and therefore workers do not apply for treatment until blood changes and severe burns of the hand have taken place. The article suggests that vigilance by the Medical Department and long holidays for handlers of the material constitute the best answer to the hazard.

*

Metropolitan Life Insurance Company statistics show that about one out of every eight married women in the country today has been married before. War widows and divorcees account for the increased remarriage rate.

*

New York State mental patients' requirements for additional amounts of protein, calcium and vitamins are being met through enriched bread containing increased quantities of non-fat dry milk solids and full-fat soya flour, following studies carried out by the State Department of Mental Hygiene, Cornell University, and the American Dry Milk Institute.

*

Genes which carry hereditary traits are so tiny it is estimated that a teaspoonful could hold all the diverse hereditary traits developed since the origin of man.

*

More than five hundred miners who volunteered to act as guinea-pigs, have received varying degrees of relief from "miners' asthma," better known as silicosis, through the

..I always use Poloris to relieve the complication of tooth ache. Experience has taught me how quickly and safely Poloris works."

For over 30 years the dental profession has prescribed POLORIS dental poultice for toothache, discomfort after extraction and other emergency dental pain. POLORIS treatment is local—not systemic. Unlike analgesic tablets and powders it is not a "cure-all"—has no bad after-effect. POLORIS is designed solely to give prompt, safe, effective relief until a dentist can be visited.

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Dental Poultice is Recommended by 40,000 Dentists

POLORIS is easily applied between cheek and gums. Its counter-irritant action quickly relieves the congestion that causes discomfort, accelerates the reparative processes in the pain area, increases local nutrition and produces better after-pain results.

For FREE Supply of POLORIS...

Free samples of Poloris dental poultices sent on request. Address Poloris Company, Inc., Dept. 49-H, 12 High Street, Jersey City 6, N.J.

combined use of a nebulizer, with an intermittent positive pressure cycling valve. The nebulizer introduces the prescribed drugs into the respiratory tract in the form of a fine mist; the valve does the miner's breathing for him, making possible the spread of the drugs through lungs otherwise blocked by fibrous tissue.

*

Delivery rooms at Johns Hopkins Hospital, now adorned with oil paintings and equipped with radios, also have had television sets installed to create a cheerful, home-like atmosphere during the labor period.

*

Five years ago the Congenital Syphilitic Clinic at Children's Hospital in Washington, D.C. used to treat about 100 patients a week; today it is caring for about 20 current cases, according to Dr. Carolyn Pincock, Clinic chief. The death rate from congenital syphilis has been cut from 2.4 per cent to 0.56 per cent in 10 years by the use of penicillin which requires a two-week instead of a three to five-year treatment period, and by the vigorous campaign work of the Health Department's Bureau of Maternal and Child Welfare.

*

Aureomycin, the new antibiotic, effected quick clinical improvement in 13 patients with atypical nonbacterial pneumonia, according to an article in the JAMA. *Nine of these patients had previously received ineffective penicillin and/or sulfadiazine therapy.*

"Nurse, which evaporated milk for my baby's formula?"

When the doctor says "Any good brand of evaporated milk"—and the mother says, "*Which* brand?"—you can say "Carnation" with complete confidence. Your advice is backed by unsurpassed standards of safety, uniformity, nutrition.

Carnation is processed with *"prescription accuracy."* Every drop is produced in Carnation's *own* plants, under Carnation's *own* continuous supervision. Carnation Milk is evaporated, homogenized, enriched in vitamin D, and sterilized under rigid control. Constant tests, vigilant inspection are your guarantee that every can bearing the name "Carnation" meets the highest requirements of the medical profession.

No wonder so many babies are fed on Carnation. It's the world's leading brand of evaporated milk—the milk you can confidently recommend, day in and year out.

8 out of 10 mothers who use a Carnation formula say it was recommended by their doctor or nurse.

The Milk Every Doctor Knows

"From Contented Cows"

FREE—"Your Contented Baby"—New complete manual by a famous doctor. Carnation Company, Dept. N-89, Los Angeles 36, Calif.

R.N. Speaks: IS THERE VALUE IN

"NO PART OF THE COUNTRY can afford to be without a Division." This was the closing statement of an editorial published in the *American Journal of Nursing* in the year 1927. The editorial raised the question, "What happens between conventions?" The reply was, "For the American Nurses' Association the answer is 'the Divisions'." This editorial predicted great things, "Here indeed are all the spokes of the great nursing wheel in each state, and the possibilities for movement are tremendous."

What has happened to these tremendous possibilities?

It was with the intent to explore this question that **R.N.**'s editor traced the birth, life and in two instances the deaths of the five Divisions that have been organized in the different areas of this country during our professional history.

As regional organizations, used for forums or discussion groups, Divisions were created because of a real need on the part of groups of states to deliberate on problems unique to their own localities as well as problems related to nursing as a whole. These problems were sometimes too large in scope for state action and too small for national consideration.

Five Divisions of the ANA were formed in the years between 1918 and 1929 on the request and by consent of groups of states wishing to meet between ANA Biennials to discuss similar interests and common problems. The first of these was the New England Division, organized in 1919. Following in sequence were the Northwestern in 1921, the Middle Atlantic in 1925, the Mid-West in 1927 and the Southern in 1928. Although there are literally three in existence today, only two, the New England and Southern Divisions, are functioning as forums.

The reasons for the dissolution of the Northwest and Middle Atlantic could be manifold. Possibly, these Divisions may have been premature. They may have been organized before the value of regional conferences was generally recognized. Or, perhaps they were formed too close to the reorganization of the American Nurses' Association, begun in 1916 and not completed until 1922, when the basis for membership in the national association was changed from alumnae to state asso-

IN REGIONAL DIVISIONS?

ciations. In this reorganization, by 1922 a state nurses' association had been established in every state in the country. Again, it could have been that although these two Divisions presumably were forum groups, they were not quite sure of what their basic purposes were. On the other hand, the New England and Southern, the two Divisions thriving today, quickly found themselves and have never faltered in their purpose to keep the Division a forum.

The Mid-West, organized during the depression, departed from this basic purpose and relinquished much of its forum activity when it sponsored and became the financial godmother of the Mid-West Nurse Placement Service, which was regarded as the most important service to nurses in those years. However, in 1945, when the Nurse Placement Service had suffered financial reverses after fourteen years of operation, the primary project of the Division was turned over to the ANA to become the nucleus of the present ANA Counseling and Placement Service. Comprised of five state associations, the Mid-West has had only two general meetings of the membership. After the dissolution of its placement service it was advised by its lawyer to continue to function at least for a period of two years to discharge all legal and other obligations that might arise incident to the dissolution. It is now in the process of dissolving itself.

The Mid-West might have been more effective as a Division if its purposes had not been diverted to support the placement services. Many believe this to have been a mistake, as was the disbandment of the Middle Atlantic and Northwest Divisions.

At a time when the profession's organizational structure is in the throes of study and reorganization, serious consideration should be given to the value of Divisions. Although considering themselves a part of the ANA, Divisions are in a sense mavericks, since they are not constitutionally provided for in the ANA By-laws but have been recognized as members of the flock. But whether in the reorganization process they should be made a component part of the ANA is a debatable point. There are good arguments on both sides.

Now, more than ever before in nursing history, we have a need for more regional forums—forums by groups [*Continued on page* 65]

CANDID COMMENTS

WHEN OUR GOVERNMENT was being formed, Alexander Hamilton bitterly opposed Jefferson's plan to give every American the vote. Control, said Hamilton, should remain in the hands of those who had property. Happily, our early farmers and small business men were discontented with the idea of government by wealth. Every man must have a voice, said they, and because of this the United States of America is, according to Professor Henry Steele Commager—"the oldest republic, the oldest federal system, the oldest democracy in the world. Our nation and our constitution have withstood the vicissitudes of 160 years. Our people are intelligent and they are moral."

Our country has grown great and strong because our common men geared their discontent with ideas like Hamilton's to something they believed to be better. They weren't satisfied with just objecting; they objected and produced something better. That "something better" didn't come out of a hat. It came out of hard thinking, the clash of debate, the courage to face change. Cornelia Meigs in *The Violent Men* tells of the "troubled and magnificently triumphant deliberations" of the Continental Congress of the United States.

In nursing our discontent is growing. We are agitated over new ideas about nursing education and practice. Poor personnel practices have reduced morale to the lowest ebb, perhaps, in our history. The larger the profession grows, the greater the distances have become between the rostrum and the field of practice, between the leader and the member. The more complex our problems have become, the more misunderstanding and suspicion have crept in. Half of our professional population does not belong to our associations, a sure sign of discontent. Many within our associations are skeptical, and these skeptics discourage others from entering nursing.

No competent observer can deny that a large and serious degree of discontent exists today in nursing. The question is not how to eliminate discontent, but rather how to make it useful. "Discontent," says Berthold Auerbach, German novelist, "is the source of all trouble, but also of all progress in individuals and in nations." Properly channeled and utilized, discontent is a mighty force for good. Allowed to run in all directions, it is corrosive and perilous.

In our nursing profession, as in our country, the promise is greater than the reason for fear. Never in

THE USES OF DISCONTENT

by Janet M. Geister, R.N.

history has our promise in nursing been greater. Needs, demands, opportunities are growing. We are still on the frontier. For that reason our discontent must not be allowed to divide us—rather it must be the spur that goads us to finding solutions to the problems that cause discontent.

Let's take the question of the practical nurse, for example. I don't believe that any other matter has ever been a greater threat to our unity. Here our discontent runs in every direction. It is always a grave mistake to go ahead of public opinion, and I think this has happened in the practical nurse situation. We have been very careful in presenting the Brown report and the various structure plans in forms that promote study by district groups *before* decisions on these subjects are made—and to leave the decisions to the members. Thus discontent is harnessed to useful action.

Practical nursing merited, but did not get, the same treatment. The official endorsement of practical nurse education, legislation and practice was not preceded by district discussion on the Why, Where and How, yet every practicing nurse will in some way be affected by it. Not only the staff and private duty nurses, but the whole profession is affected, for the community holds it responsible for the quality of nursing it gets.

The Why, Where and How of practical nursing have not been adequately answered, and they cannot be until the nurses close to the scene have a greater knowledge and a greater part in the decisions. The subject merits the same breakdown into study units for the districts that the Brown report and the structure plans are getting. Only then can the growing discontent be made useful and become a major force in finding a sound and just solution.

Intelligent discontent calls for more than "I don't like," or "I don't agree." Those phrases are just the beginning of an answer. What do you *believe*? Have you studied the question—read up on it? Have you discussed it where discussion counts? Is your idea an opinion that bubbles out when you are peeved, or is it a conviction that can stand up to cool argument?

My neighbor at a recent dinner said, "I read your column but I do not always agree with you." I should hope not! No thinking person wants his ideas accepted willy nilly. He wants them examined and tested for they are his honest convictions. If they measure up with other honest convictions, then something has been gained. If they do not, they will at least stir up better ideas. And if they

start a chain of thinking, then his purpose has been fulfilled.

I turned to my neighbor to ask, "What do you do about the ideas with which you do not agree? Do you offer what you believe to be better ones? Do you put your ideas into words so they *are* ideas? *Do you make your disagreement count?*" She shrugged her shoulders and changed the subject, leaving me with a vast discontent. We had both failed—I, in not bringing out a positive reaction, and she in simply disagreeing with ideas and walking away from them.

We have a moral obligation to be intelligent in our discontent. Nursing is moving fast today; the successful nurse will increasingly have to think as well as do. Thinking calls for study, for figuring things out, for talking them out objectively, for taking part in planning, for engaging in professional association activities. The nurse who insists she is professional, yet who doesn't put two hours a month into professional reading, is in for a rude awakening. The nurse who "doesn't have time to read" is allowing herself to slip in to the place where she may have time, but nothing else. Good reading habits are utterly essential to the right use of discontent, and therefore to professional progress.

We have a moral obligation too to listen to others, to respect opinion contrary to our own. Recently I learned of one nurse who threatened another—"I'm going to see that you lose your job"—because the latter had taken a contrary but sincere stand on practical nurse legislation. That is a sample of unintelligent and unproductive discontent. It is most depressing to come across many variations of this attitude. Attacking *people,* insisting on one point of view, getting upset, can never solve a problem. We need to use our cerebrums, not our adrenals.

Our leaders have an obligation too to encourage independent thinking and to use every possible avenue for its promotion. That calls for intelligence as well as a moral attitude.

There is also the question of justice. The member has two avenues for self expression, the voice and the vote. The voice (discussion) must always precede the vote. Yet there are leaders who put getting a favorable vote ahead of getting popular opinion behind the vote. One of them replied tartly when I protested a vote that had been forced through, "They voted for it, didn't they?" Yes, a confused lot of delegates did vote for it. Taken by surprise, unprepared, and faced with but two alternatives, an aye or a nay, they voted aye since it seemed to be expected. Parliamentarily, all was correct, but from a moral viewpoint something important was lacking. In the end this kind of thing creates a discontent that is not good, for members resent their denial of a full measure of justice.

We too have had our Alexander Hamiltons who believed that power should be limited to the few—that obedience was the lot of the many. Indeed, some of them still linger. But that philosophy is passing. We

can help it pass faster by the courage of our convictions. The wealth of a nation lies not in stocks and bonds, but in the quality of its people, the quality of their thinking, their participation in government. Some men's votes can be bought with a glass of beer, but not all men will thus sell their birthright, and the wealth of a profession lies in the quality of *its* people. It rises or falls according to the ideas and ideals that prevail in the majority.

Today two great powers, one of them our own country, are in a grim, world-wide struggle for men's minds. It is the struggle of a belief in God against atheism; of respect for the dignity of man against his subordination to the state. Our intelligent and moral citizens have abandoned their isolationism; they are opening minds, gathering spiritual strength to fight the cold, moral war. A recent Columbia University survey indicates that *30 million* American adults are taking some form of adult educational work! Some are working toward degrees, some to keep abreast in their fields, but many are informing themselves on the issues before mankind and on the principles of government that give every citizen a voice.

The finest thing that can happen to us is to utilize our discontent as "The Violent Men," our Founding Fathers, used theirs to find the best way, *together*. Little men, big men, in-between men—together they debated and fought with their minds and souls. As a result we Americans enjoy today a freedom and opportunity beyond all precedent. May we in nursing handle our own discontent so wisely that future generations will have equal cause for thanksgiving.

Probie

"I hate gladioli!"

Wallace Litwin

SECURITY in a Harmon Annuity Plan

■ IF IT IS TRUE that we begin to age as soon as we are born, then we can also say that we begin to retire as soon as we begin to work. Anyway, you can make this true if you start buying an annuity for your retirement through the Harmon Plan, on the day when you start your first job.

All too little is known about the advantages of this Plan for nurses, because the Harmon Association which administers it has no regular field agents on its staff, pays no commissions and spends no money on

paid advertising. The Association and its friends have to be the publicity department. The Harmon Plan has been quietly functioning for 22 years, approved by the American Nurses' Association, the National League of Nursing Education, the National Organization for Public Health Nursing and the National Association for Colored Graduate Nurses. The first three organizations were instrumental in the adoption of the Plan.

The Harmon Annuity Plan has never been matched in flexibility, and therefore suitability for nurses, by any other annuity plan. It offers equal if not better rates than other plans. Its policies are underwritten by the Metropolitan Life Insurance Company, one of the strongest insurance companies in the world, and must conform to the regulations of the New York State insurance laws—also one of the strictest sets of laws in the country. The Association is incorporated in New York State as a charitable, non-profit agency working for the benefit of nurses, and its accounts are audited by certified accountants every year. Those who handle the funds in the New York office are bonded and the Association functions under the direction of a Board of Trustees, many of them nurses, who give their time and thought voluntarily to managing the affairs of the Association so that nurses may find a safe, sure way to build a secure future for themselves. There are already more than two hundred nurses receiving their annuities under the Plan and each year brings more nurses into it. So much for the soundness of the Plan.

The Harmon annuity benefits are available under two arrangements: (1) the *individual* plan which is especially designed for the self-employed nurse or the nurse who is working in an agency not covered by any old-age provision or, indeed, any nurse *whether working or not;* the other (2) the *employer-employe* plan which is popular with such agencies as visiting nurse associations, district groups and other voluntary health and nursing agencies where nurses are employed. In the first plan, the individual nurse builds up her own retirement fund; in the second the employer also contributes as long as the nurse is on the payroll.

Advantages of the Plan

What are some of the advantages of the Harmon Annuity Plan?
For individuals—

1. Monthly payments may be as low as $5. The minimum set by most insurance companies is $10. Nurses may increase their payments in units of five dollars a month, or if circumstances change, they may decrease their payments, all the way to the five dollar minimum, if necessary, without any loss of benefits already accumulated.

2. A nurse may choose to retire at any time after she has reached the age of 50 and at any time up to age 70. Some insurance companies pre-

by Dorothy Deming, R.N.

President, Harmon Association for the Advancement of Nursing.

sent plans with a set age of 60 or 65.

3. While most individual annuities offer a broad range of retirement age possibilities prior to maturity, the Harmon Plan is unique in permitting deferment of income payments at maturity so as to increase the retirement fund through interest and thereby secure a higher eventual income.

4. A lump sum of $500 (or more in multiples of a hundred) may be deposited in the retirement fund at any time—though not more than $5,000 a year, however—and not so much at any time that your income on retirement would exceed $200 a month. Many insurance plans permit a total lump sum deposit of only $2,000 during the life of the policy.

5. Regardless of the nurse's death at any time, there is no forfeiture of contributions. If death occurs before retirement, the beneficiary receives a total refund; if after retirement, the beneficiary receives that portion of the annuity fund which has not been returned to the nurse in income payments while she lived. In the usual policy permitting this full refund after retirement, income amounts are less than those in the Harmon Plan; where income payments approximate those of Harmon, it will usually be found that the beneficiary receives only the equivalent of 10 years' benefits as a maximum with each payment made to the nurse subtracted from the refund at death—or a proportionate amount.

6. The rates guaranteed to annuitants are as good as any paid under other plans. There has been no change in the rates since 1941, while those nurses lucky enough to have entered the Plan in its first 10 years, have unmatched returns coming to them on retirement. This is a compelling reason for joining the Plan *now*, because no one knows what the future rates may be and delay may prevent you from taking advantage of the current rates. (These may be secured from the Harmon office.)

7. A nurse may withdraw her money at any time, all of it, at once, without sacrifice. She receives back all she has put in, *but* to withdraw from the Harmon Plan is poor policy. It is like beginning to take a much-needed medicine from which you cannot benefit right away, then stopping it after a few doses and demanding your money back. There are better ways to tide over emergencies than to break the continuity of this building fund. The Association's executive secretary, a qualified insurance counselor, is always ready to talk over a nurse's situation with her in confidence and to advise her. She can often suggest a course of action which is decidedly to the nurse's advantage.

Under the Harmon employer-employe Plan, there are all the advantages listed above, *plus* these:

1. There is no stated number of employes who must join the Plan to make it operable—no age, length of service or percentage requirements set up by the Harmon Association. The Plan begins to operate as soon as the contract becomes valid. A small staff or a large staff may join.

Licensed practical nurses and any workers connected with the nursing service may join the group. There is no waiting period. There is no physical examination required.

2. An agency may buy a higher annuity income for a staff member or members and lower for others, in fact, make any arrangement suited to the needs of the situation. Thus, an older nurse who has never earned a large salary but who has been with the agency many years may be specifically provided for. It is also possible for the employer to make lump sum contributions to a worker's annuity fund—under the same conditions stated for individual deposits—see No. 4 above.

3. A very recent modification in the Harmon employer-employe Plan, permits enrolment of service annuity members on the basis of a 5 per cent payroll contribution by the agency. Nurse members may make individual payments to match those of the employer; the minimum of $5 a month still holds. Increases may be made in *multiples of $1* when they result from increased salary and the contributions for these particular increases may start when the increase in salary starts.

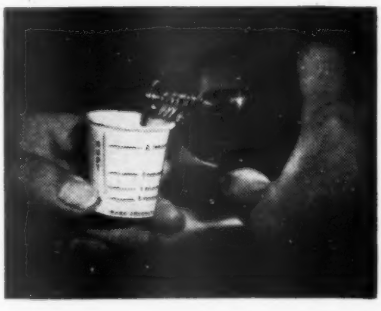
4. Arrangements and adjustments to fit other annuity obligations, as for instance, the Social Security old-age tax, can be made and made easily, thanks to the flexibility of the Harmon regulations.

5. A nurse under the employer-employe Plan is still free to make lump sum deposits to her fund (under the conditions outlined above) and can increase or decrease her monthly payments upon due notice to the Association.

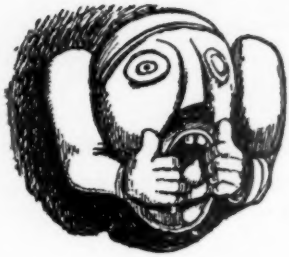
6. A nurse transferring to another agency under the Harmon Plan may do so without loss in the continuity of employer contributions if the new employer's requirements are the same as those in her previous job. If the nurse must wait for an adjustment of the employer Plan, or if she must go into an agency which has no old-age provision, she may continue on the individual basis, without having to start a new fund. The money contributed by the employer remains in her annuity fund.

Questions Commonly Asked About the Harmon Plan

Are members of the Board of Trustees paid or do they benefit in any way from [*Continued on page* 49]



DOSE-A-CUP is the name of this new disposable medicine dispenser. Made of translucent paper, it eliminates washing, sterilizing. Graduations can be read from inside, liquid seen from outside. Obtainable from Ruby Products Company, Milwaukee 2, Wisconsin.



AMERICANS and their toothbrushes

DENTAL AUTHORITIES long have recognized the importance of dental health education in aiding people to protect or improve mouth health. A variety of educational technics and media is used for the purpose of disseminating information and motivating good health habits.

In order to select the most effective technics and media, it is important to know the prevailing attitudes and concepts of the lay public, as well as the extent to which people follow good dental health habits. To aid in improving dental health education programs, a two-part study was made to determine (1) the public's source of dental health information, (2) the public's toothbrushing and other oral hygiene habits and (3) the number of persons who obtain the dental treatment recommended by the dentist.

The sampling method was used in the study. The panel for the complete study consisted of more than 5,500 families distributed in the 48 states. Representation on the panel was selected in proportion to the population and the size of the community and in relation to rural or urban residency. Families were also selected proportionately by income and age of housewife. Because of this controlled distribution, the families included in the study represented a cross section of the general population.

The families were divided into two groups, one of which was requested to send in by mail all toothbrushes then in use by members of the family. In return they would receive new brushes. The other group was sent questionnaires dealing with dental health concepts and dental health habits.

The toothbrush study

For many centuries members of the human race have used implements as an aid in mouth hygiene. Today the dental profession places considerable emphasis on the importance of the correct use of a good toothbrush. Although the extent to which dental diseases can be prevented or controlled by toothbrushing has not been determined by acceptable scientific methods, nevertheless, clinical observations have convinced dentists that toothbrushing is indispensable in mouth hygiene and in many cases is a therapeutic aid in periodontal treatment. Dental literature is replete with re-

A condensation of "A Study of Toothbrushes in Use in American Homes" and "Dental Health Habits: A Questionnaire Survey," by Allen O. Gruebbel, D.D.S. and J. M. Wisan, D.D.S., *Journal of the American Dental Association*, September, 1948 and January, 1949.

ports, opinions, clinical observations and case histories by prominent dentists in this country and abroad on the importance of toothbrushing in maintaining oral health.

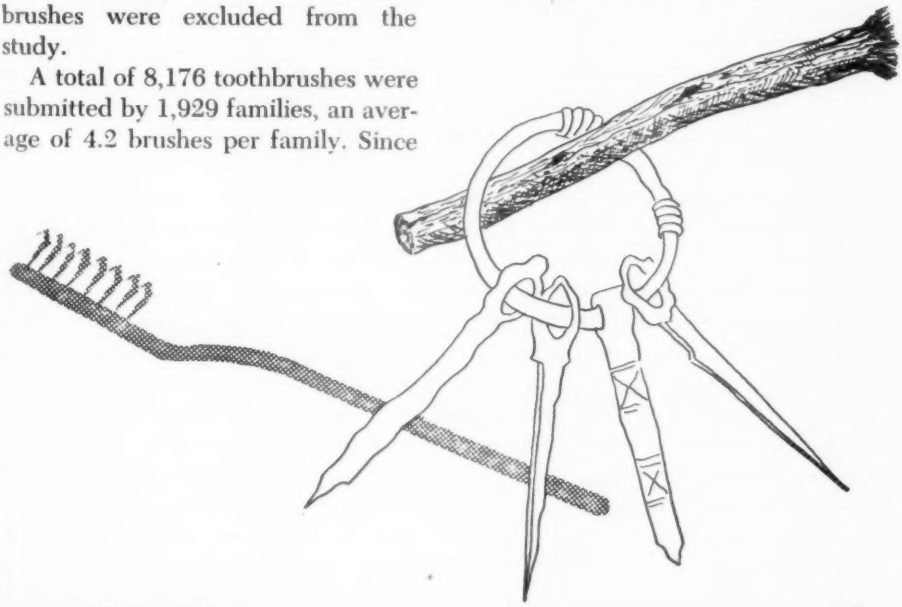
No reliable data are available on the number of people who use a toothbrush routinely. However, it has been shown that the sale of toothbrushes has increased steadily in this country. The War Production Board reported that 185.3 million toothbrushes, including denture brushes, were shipped from U.S. factories in 1944.

When the families selected sent in their used tooth brushes, they were separated into two general categories: (1) brushes in satisfactory condition, suitable for further use and (2) brushes in an unsatisfactory condition. Toothbrushes were rejected for three reasons: (1) bent or broken bristles (2) matted bristles (3) unsanitary conditions. Denture brushes were excluded from the study.

A total of 8,176 toothbrushes were submitted by 1,929 families, an average of 4.2 brushes per family. Since there were slightly less than four individuals per family, it might be assumed that each member of the family possessed a toothbrush. However, it was apparent that a few toothbrushes were no longer being used in the mouth but were being used for purposes other than oral hygiene.

Only 19.3 per cent of the toothbrushes were found to be in a satisfactory condition and 80.7 per cent of the brushes were in need of replacement because they could no longer be effective implements in mouth hygiene or because their use might injure dental tissues.

Bent or broken bristles were found to be the most frequent cause for rejecting the toothbrushes. Matted bristles were the second most important cause and unsanitary condition the least important. It should be pointed out, however, that 1,645 of the 6,596 unsatisfactory toothbrushes



were unsanitary because of caked dentifrice and food debris at the base of the bristles. This fact suggests the need for placing more emphasis on care of the toothbrush in dental health education.

This study reveals that four-fifths of the toothbrushes in use in a cross section of American homes are not suitable for toothbrushing and mouth hygiene, and demonstrates conclusively the need for more frequent replacement of toothbrushes. It provides adequate evidence that only a small percentage of the American public follow the oral hygiene practices which the dental profession believes are important in maintaining dental health. The remedy for this situation can be found only in an aggressive campaign to inform every individual of the value of the frequent use and renewal of the toothbrush.

Questionnaire

Approximately half of the families in the panel were used in the study of toothbrushes. The other half were queried to obtain data concerning dental health habits. Of the questionnaires sent to 2,750 families, 2,205 (80 per cent), representing 7,057 persons, were returned. Housewives supplied the answers for all members of the family. In evaluating the information obtained, one must bear in mind the possibility of error through obtaining a report from only one member of a family.

Sources of information

Dental authorities agree that optimum dental health may be attained most effectively by eating proper foods, by following accepted dental hygiene practices and by obtaining regular and complete dental care. However, the average person must be given specific information concerning foods conducive to dental health. Likewise, he must be instructed with regard to effective dental hygiene practices and dental treatment. What are the most effective media for providing the public with such information?

From data obtained, it would appear that most of the respondents (82.9 per cent) obtained information about nutrition from physicians. An even greater proportion of the respondents (92.7 per cent) obtained dental information from dentists. Pamphlets, books, advertisements, radio and public school lectures were resorted to by many of the respondents. Thus, all available media for disseminating authentic dental health information may be recommended to support the efforts of dentists, physicians, nurses and dental hygienists.

Dental Habits

Answers to the questions on this topic indicate that 95.6 per cent of the respondents used a toothbrush. Of these, 42.8 per cent brushed their teeth twice a day, and only 18.8 per cent brushed their teeth at least three times a day. Eighty per cent of the individuals studied used only one brush. Slightly better routine care in toothbrushing was reported by the high economic groups than by the lower groups. Likewise, better care was noted among the females than among the males. Be-

fore retiring was the time preferred for brushing teeth by 59.9 per cent of the persons studied; 49.4 per cent brushed their teeth on arising; 34 per cent after breakfast; 18.3 per cent after the noon meal; and 20.5 per cent after the evening meal.

The American Dental Association through its Council on Dental Health advises brushing the teeth immediately after eating. Evidently the American public is not aware of the importance of brushing the teeth immediately after eating or finds it inconvenient to do so.

The use of mouthwash outranks all other dental hygiene habits, except toothbrushing, with 37.1 per cent of the persons studied reporting the use of a mouthwash. It would be interesting to obtain information concerning the reasons for using mouthwashes. Do persons expect a mouthwash to prevent odors which they assume come from the mouth? Do they still expect therapeutic or cosmetic benefits from commercial mouthwashes in spite of proof to the contrary presented by many dental authorities?

The use of chewing gum was reported by 27.9 per cent of the respondents and the use of toothpicks was reported by 25.3 per cent. Dental floss was used by 18.2 per cent. Other adjuncts reported by a few of the respondents (2.8 per cent) were Stimudents, Bon-Ami, calcium tablets, cotton, olives, washcloth and vitamins. [*Continued on page* 62]

GREEN GOES THE TOOTHPASTE

• IN R.N.'S APRIL *Drug Digest*, ammoniated dentifrices were discussed as one of the latest discoveries in the field of preventive dentistry. This June came glowing reports on a green toothpaste containing water-soluble derivations of chlorophyll, the substance that colors grass and green plants. Quietly marketed as Chloresium over a year ago, this paste has been known chiefly to dentists for its healing properties in certain gum disorders. Newly discovered preventive properties of this toothpaste were recently announced at the annual meeting of the International Association for Dental Research by Dr. Gustav W. Rapp, professor and research biochemist of Loyola University's dental school, who reported that the toothpaste helped to prevent formation of bacterial acids associated with tooth decay, lowered the bacterial acid count of the mouth, retarded breakdown of the protein part of tooth enamel, and deodorized mouth odors. He claimed that with two daily brushings with Chloresium, the Lactobacillus count became negative in 90 per cent of subjects in 26 weeks. This preliminary report will undoubtedly be followed by other findings in preventive dentistry from institutions which have just been granted increased Federal aid for continuance of dental research projects.

. . . so I took up nursing

by Audrey Rathbun Burk, R.N.

I sat there—inches from the ceiling—on a pile of literature

I DON'T KNOW what inspired me to become a nurse. Maybe it was those "Nursing is a Great Profession" posters, maybe it was my favorite daytime serial, or perhaps it was the dream of the cool hand on the fevered brow. (I hadn't then experienced the cool hand on the warm bedpan.)

Choosing a nursing school was no small problem. I wanted the best training possible, so I wrote to the American Nurses' Association and requested a list of the training schools in the U.S. Then I wrote letters to all of the schools and asked for application blanks and any pamphlets they might have on their training programs. The postman had to deliver my mail in a truck, and Mother had to move the bed out of my room to accommodate the pamphlets, but I didn't mind. I was happy as I sat there—inches from the ceiling—on a pile of literature, reading and dreaming. Each school sounded so different that it was difficult to choose, but now I realize that all schools are essentially the same. They just serve their hell in different forms. The one I picked served it in the form of housemothers.

Selecting a school was only the beginning. The school had to approve of me. I took entrance exams for 8 hours. I had several interviews. I had my teeth checked. I had two physical exams. I had x-rays. I had so many shots I looked and felt like a sewing sample in a Singer shop. And I filled out a questionnaire telling when I cut my first tooth and listing all the books I'd ever read. (Naturally I omitted a few.)

Ten months later (nothing hasty about these nursing schools) I was

I filled out a questionnaire

"I am your housemother, dear"

rather surprised to learn that I had been accepted.

It was a cold, cloudy September day when I embarked on my nursing career, but even on such a day as this my spirits were soaring, and I was outrageously happy, for I thought this was the beginning of a NEW LIFE . . . It was!

As I entered the portals of the nurses' home, not dreaming how many times I would wish that I didn't have to enter them, I stopped for a moment and gazed with pure, unmitigated joy at the magnificent edifice which was to be my home.

When I reached the top of the first flight of steps, I encountered a rather oldish, well padded lady in a navy blue dress figured with little white skulls and crossbones. "I am your housemother, dear," she said in a honey-toned voice as she surreptitiously slipped her brass knuckles into the pocket of her frock. "I am here to give you guidance in your hours of uncertainty" (believe me there were some); "to solace you in your hours of despair" (and there were plenty); "and to share with you your happiness in your hours of success." (Well, I did graduate!) "I," she said, lighting a torch and holding it high in her left hand and clutching at her bosom with her right hand, "am your housemother." What a performance!!

"Come with me, my dear," said the housemother to whom we later referred as the Warden, "and I will show you your room." I followed closely (I was glad I was in condition, for during the summer months I inured my body for the expected long arduous hours of floor duty by arising at 4:30 A.M., swimming five miles, chopping a cord of wood, and spending the rest of the day delivering Kalamazoo ranges by bicycle for the Waterloo Hardware.) as she bounded up three flights of stairs and sprinted down the hall to room 309. "Here we are," she said as she ushered me into a small cubicle containing one dresser, double deck bunks, and a closet with two shelves and a rod about four feet long. "It is my duty to inform you that you

Wishing I had taken the top bunk when I had had the chance

"Waist 30 inches"

are not to move the furniture, paste pictures or write on the walls, smoke or entertain men in your rooms, or build fires in your waste basket. I know you may be tempted as it gets colder. Any questions?"

"I . . ." (I always had a question.)

"In that case," she interrupted, "if you will back out that door so I can get out of the room, I will leave and you can begin unpacking."

"Thank you," I said with feeling.

As soon as she left, I inspected the room thoroughly. One feature not mentioned previously was a single window which faced the north, and from it one could get a magnificent view of a great, black, slimy mud puddle commonly referred to as the slough, and euphemistically referred to as Cedar Lake. Later, as summer approached, I learned that on warmer days a nauseating, penetrating, olfactory tingling closely resembling the type associated with sewer pipe leakage emanated from its murky depths. This north window also made the room a veritable wind tunnel when winter winds raged.

It was a little difficult to imagine how two girls could possibly live in such small quarters, but I was broad-minded and willing to be shown. I wasn't left to imagine this circumstance for long, for eventually there appeared upon the scene a stranger, not long to be a stranger, a friend, long to be a friend . . . my roommate.

We were not allowed to choose our own roommates. Before I entered training, I had a letter from the nursing school authorities giving me the name and address of my future roommate. I had learned she was one Edelweiss Spitz from Memphis, Tennessee. Having seen the movie "Gone With the Wind" eight times, and having read a number of novels, including "Tobacco Road" and "God's Little Acre," depicting life in the South, I had already formed a mental picture of my roommate-to-be. I expected a tiny, helpless creature with long, platinum blonde hair, and a Karo syrup voice that said, "How charmin'" and "you all."

My roommate did not fulfill my expectations . . . thank Heaven. She was slightly taller than I, slightly heavier than I, and had brownish colored hair, but she *was* from Mem-

I was busily cleaning some enema tips

phis, so desiring to make her feel at home, I said softly, graciously, "Hello, you all."

"Hi, Kid," she said blithely. Later I learned she drank coffee and went out with boys. (I also learned that she had spent most of her life in Cedar Rapids.)

"Which bunk would you like?" I asked.

"Oh, I don't care," she said.

"Well, I don't either," I said.

"You go on and pick yours," she said.

"Aw, go ahead and choose," I insisted generously.

"Well, I'll take the top one," she finally decided.

"Fine," I said, wishing I had taken the top bunk when I had had the chance.

It was a little difficult to live in such a small room and to share such a small closet, but we adjusted. We had to. In half of our classes we were told that we must adjust, and in the other half we were given long intricate lessons on how to adjust. So adjust we did.

Spitz (we learned to call everyone by last names in training) was an ideal roommate and a constant source of joy and amusement. Watching her get ready to go out was like watching the Ringling Brothers set up a show. Her dressing procedure was most unorthodox. I got the prize surprise of all one day when I saw her remedy a sagging garter belt by tying one end of a piece of twine to the garter belt and the other to the center front of her brassière. What some people won't do for security! Pessimistically, I wondered what would have happened had the brassière given way. You must admit that it's the little things like Spitz's dressing procedure and Burma Shave signs that make life worth living.

Spitz and I were just getting acquainted when an upper classman dropped in to welcome us. After introductions she said encouragingly, "You girls may get along O.K. here. My class originally had 28 members, but 10 quit and 10 flunked out. There are only six of us left."

"What happened to the other two?" I questioned.

"Well, that's a funny thing. They went out for a coke one day and no one has seen or heard of them since. Well, I hope you girls will like it here. We try to keep our students

We were given two darling newborn chickens for Easter

Eelg decided to balance a massive desk lamp on her chin

happy," she said authoritatively, and then, turning on her heels, she left.

Convinced that we couldn't help but enjoy our next three years, Spitz and I looked up my best friend, Ecila Rebbew, who also entered training that day, and we all went to a movie called, "She Was the Hangman's Daughter, and She Really Knew the Ropes."

The next day we were oriented which simply means that we met our instructors, toured the hospital, and were measured for uniforms.

When the man from the uniform company put the tape measure around my waist and yelled to his assistant, "Waist 30 inches," I protested vigorously.

"My waist is only 24," I said.

"You'll grow into it," he said encouragingly. "Next."

Naturally our first classes were concerned with professional courtesy. It would have been silly to try to do anything with 38 uncouth young ladies just out of finishing schools, secretarial or teaching positions, college or high school, without first teaching them etiquette.

I have always considered myself a courteous person. I've said "please," "thank you" and "pardon me," and not since the age of 17 have I kicked, bitten or pushed an old lady, but I learned there was a vast difference between the plain homespun courtesy I knew and professional courtesy.

For one thing we were taught that we must show our respect for upper classmen by giving them our places in cafeteria lines and by cleaning their dirty equipment.

The next day I offered a freshman my place in the cafeteria line. "Thanks," she said appreciatively and kicked my feet from under me.

"Oh, it's nothing," I said, putting back my pivot tooth.

Professional ethics also included preserving a certain austerity between nurse and patient. We weren't even permitted to tell the patients our first names, but they often nicknamed us. I'll never forget the day our clinical instructor, a tall, glacial creature, went with Tod, one of my classmates, to observe a dressing. The patient was a young and attractive male who'd been convalescing over a period of months. When Tod appeared in the doorway, the patient beamed and greeted her with, "Where the hell've you been, Honey?" Tod shrugged her shoulders, turned and looked up [*Continued on page* 53]

Finally the day came

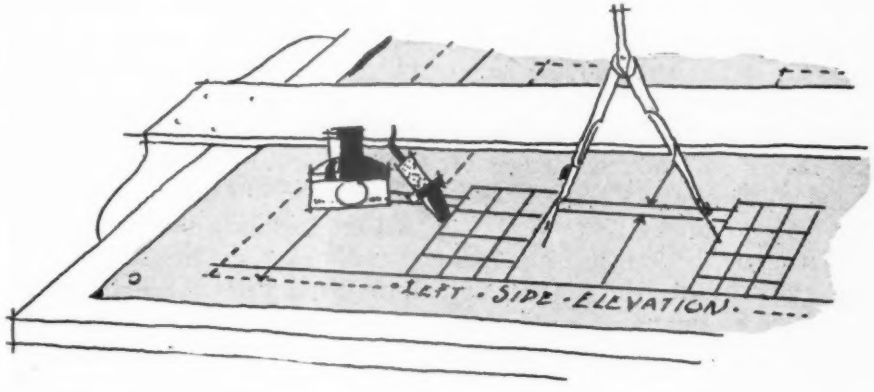
What of Nurses' Homes in the Future?

■ BUILDING A NURSES' home in conjunction with every hospital has become such an accepted custom that humorous and often dire results have developed. During the war, some hospitals built with Government assistance were intended to be staffed exclusively by graduate nurses. As it turned out, the staffs were composed largely of married nurses, and many of these nurses' homes stood almost empty while patients were turned away for lack of hospital bed space. In other instances where the vacant rooms were used for patients, handicaps naturally arose where planning had not intended patient use.

A well known superintendent of nurses recently remarked, "When we build our new hospital, we won't have a nurses' home. Our students will live in the college dormitories with the college students, and our graduates will live where they please. We will determine a fair maintenance equivalent and pay it to our students in cash." Graduate nurses in that city for years have been paid a straight salary, financing their own maintenance.

Nurses should be realistic about this trend that could eliminate hospital-owned living quarters. During this housing shortage, quarters often have determined the ability or willingness of nurses to accept positions. Then too, nurses' homes may always be a necessity in large institutions located away from a city. Nurses' associations might be wise to conduct studies and offer advice when new hospitals are being blue-printed.

—RUTH B. SCOTT, R.N.



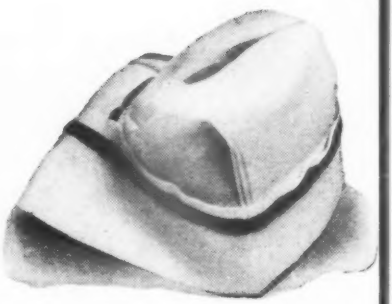
THE CHERISHED CAP

● DEAR TO EVERY nurse's heart is her cap, recognized symbol of her profession, distinctive "trade-mark" of her school. The stories of the origin of nurses' caps vary, but all have a note of historical authenticity.

Since very early days, women have worn caps indoors. These included the pointed hoods and cowls, the veils resembling those worn by the Roman matron on her bridal day, and the cap and wimple of Sairy Gamp. Florence Nightingale was probably influenced by this trend when, in 1860, she designed the cap for the Nightingale Training School of St. Thomas' Hospital. Graduates of the School of Nursing of the University of Maryland have the privilege of wearing this distinctive frilled net cap.

Some authorities contend that the nurse's cap is a direct descendant of the headdresses worn by the nursing nuns. Despite the fact that nurses' caps are a far cry from the large, often top-heavy coifs worn by the women of these orders, exponents of this theory can trace the designs of many caps back to the hoods of various religious groups.

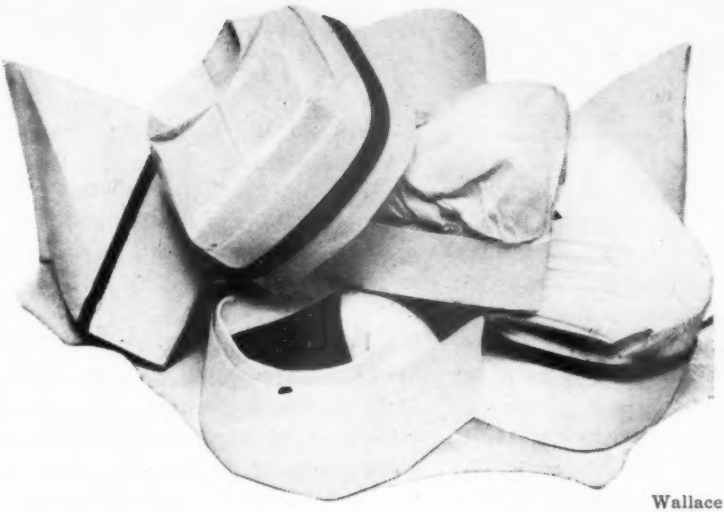
Whatever the origin of nurses' caps, their wide-spread use was undoubtedly caused by a more prosaic reason. Hair washing was a tedious



task for nineteenth century women; consequently, covering the hair while caring for patients was a hygienic measure. The typical dust cap was the type most often worn, but there soon appeared more attractive variations, designed by the nurses themselves. The "Blockley double frill," a term derived from the nickname of the Philadelphia General Hospital, is one example of the originality of these designs.

Each school's desire to have a distinctive cap has resulted in a multiplicity of styles. Pleats, ruffles, tucks, frills, creases, stitching—all are devices used to make each cap unique. Employing various materials, such as organdy, broadcloth, voile, linen and muslin, also adds variety.

Many caps are so elaborate they must be discarded when they are soiled, or sent out for special laundering. If they must be discarded, the



Wallace Litwin

by Joan Haas
and Marion Oliver, R.N.

nurse may replenish her supply directly through the school or through a designated uniform manufacturer. In recent years, however, caps have been made more simply and are much more easily laundered.

A greater appreciation of the wide variety of styles in caps might be realized if a visitor were to walk through the halls of any large hospital where graduates of many schools work. One nurse may be wearing the Dutch cap of the Yale School of Nursing, its blue velvet trim an attractive contrast against its stiff white "wings." Another, a graduate of Massachusetts General, wears the white crinoline cap circled with black velvet which has been compared to both a Charlotte Russe and an ether cone!

Graduates of New York Hospital and Johns Hopkins both wear small organdy caps with a shirred frill. One of the most distinctive caps is that worn by the graduates of the Washington University School of Nursing. Its peculiar shape, reminiscent of a schoolboy's dunce cap, has one big advantage: the cap can be folded flat without having its crisp, smart appearance marred. A collegiate touch is evident in the white "mortar board" with blue and gold tassels worn by the alumnae of the University of California. A prized feature of many graduates' caps is the black band, similar to the one on Montana State College's cap on cover.

These are but a few of the many unusual, attractive caps, all cherished by their owners, admired by friends, and respected by the public. No matter what its style, its material, or its origin, a nurse's cap is a distinctive feature of a nurse's uniform and a traditional symbol of an honorable profession. »

REVIEWING THE NEWS

▶ "DRUG ADDICT," a documentary Canadian film, describing illicit drug traffic and depicting the addict as a mentally ill person, has been kept from appearing in this country by the U.S. Commissioner of Narcotics on the grounds that it tends to "glamorize the drug habit." Several psychiatrists, sociologists and welfare groups are campaigning for its showing in the U.S. to a limited audience.

▶ A NEW PAMPHLET called *The Nurse in the U.S. Public Health Service* describes nursing opportunities in the Service. Copies may be obtained from the Surgeon General, U.S. Public Health Service, Attn: Division of Commissioned Officers, Washington 25, D.C.

▶ COUNTRY CHILDREN are medically neglected, it was discovered from a USPHS and Children's Bureau survey of all U.S. counties. The report, made public at a meeting of the American Academy of Pediatrics, revealed that children living in or near cities, received 50 per cent more medical care than those living in rural or isolated areas; these latter areas showed a third higher infant mortality rate than cities. Lack of hospital facilities accounts in part for this statistical discrepancy—the South and Southwest averaged less than nine beds for every thousand children—but an inadequate supply of doctors and poorly trained doctors were also held responsible.

▶ STATE AUDITORS checking the books of a hospital in New York State criticized granting of free hospital care to employes and staff, a $999 payment for shipping household effects of a staff doctor, taxi fares for hospital employes totaling $2,306.55—but what really got under their skins was the practice of presenting graduation pins, dinners and flowers gratis to each graduating class of nurses. Said they with lowering mien, "There is no legal authority for the payment of such claims . . . "

▶ MALPRACTICE INSURANCE policies are now available to members of the American Association of Nurse Anesthetists, through the Saint Paul-Mercury Indemnity Company. A member in good standing, who pays a $20 annual premium, can receive as high as $5,000 for damages on any one claim or suit, and a total yearly payment up to $15,000.

▶ PHARMACISTS of the American Pharmaceutical Association, meeting at their recent convention in Jacksonville, Florida, made no bones about their stand on compulsory health insurance. They believe that enactment of socialized medicine will re-

strict scope of medical services, retard contributions to medical care and stifle personal initiative. They recommended that a survey be made of medical care conditions in each state and a workable program devised to meet these needs. Voluntary health insurance programs should be encouraged by the Government. Federal support will probably be necessary to "provide hospital and diagnostic facilities and to aid in securing physicians and other health care professions to participate in those areas now so much in lack of them."

▶ RAILWAY TRAVELERS in Union Station, Washington, D.C., viewed a dramatic exhibit of the VA medical care program. The exhibit, centered on treatment of tuberculosis, neuropsychiatric and paraplegic cases, with several display panels on VA research in epilepsy, streptomycin, isotopes and prosthetic devices, stressed the high quality of VA medicine. The exhibit has been sent around the country after the Washington showing.

▶ RADICAL CHANGES must be made in social organization of state mental hospitals before they can become therapeutically effective, says Dr. H. Warren Dunham of Wayne University, who has just completed an eight-month study of a large midwestern state mental institution. Factors which impede patients' recovery are based on poor rapport between physician and patient or patient and attendant. This could be remedied by a less rigid organizational set-up, better educated attendants and a superintendent who is not afraid to try new methods.

▶ A SHAKE-UP and reorganization of Federal medicine is urged by the Hoover Commission which has done a thorough job of investigating waste and duplication in Government services. The final report recommends that VA, military and USPHS hospitals, with the exception of overseas establishments and a few others, be incorporated under a civilian-controlled United Medical Administration, instead of being lumped with education and social security under a new Cabinet Department.

The proposed Administration would be headed by a medical and health administrator (it is not stated whether he should be a physician), with three assistant administrators and an advisory board composed of Federal officials. This has been ignored by the President who has proposed a Welfare Department.

Other recommendations are: private hospital care for veterans or other Federal patients on a reimbursable basis; [*Continued on page* 57]

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Harmon Annuity Plan

[*Continued from page* 33]

*the nurses' membership in the Association Plans?**

Answer—No, their assistance is voluntary and no advantage results from their connection with the Plans, except the satisfaction of working on an active program of service to nurses.

What is the budget of the Harmon Association?

Answer—The budget for 1949 is about $14,000, the bulk of which comes from the annual membership dues of $2 a nurse. The Association's budget has nothing to do with the nurse's annuity fund. It does *not* decrease it.

What is the $14,000 spent for?

Answer—To run the New York office of the Plans. It pays the executive secretary and business staff (two to two and a half persons—it varies), rent, postage, travel, supplies, etc. Careful records are kept of every single member's standing in the Plans and the Harmon Association helps the member if any question of annuity claims arises. One of the heaviest tasks of the office is the guardianship of the monthly premiums until they reach the insurance company. There have been many instances when a nurse critically ill, called out of the country or under sudden financial strain—or perhaps just forgetful—has been carried by the Association for the brief emergency.

The Association functions for the benefit of its members. It does not make a profit on its work. Like the NLNE and the NOPHN, the Association is tax-free. It does not make a profit on your investment in an annuity policy. Every cent you contribute toward your annuity goes into that fund. The Association is there to promote your interests, give you perfectly impartial advice on your insurance plans or, indeed, on any savings plans. This is one of the most time-consuming services that Harmon offers. The heavy office mail testifies to that. Advice is free to all nurses, whether members or not.

Does the Harmon Annuity Plan accrue interest?

Answer—Harmon deposits accumulate at interest much the same as do premiums on an individual policy, but because a larger percentage of each deposit remains to your credit to accumulate at interest under the group policy than is possible under the individual policy, the Harmon annuity is enabled to pay the fine, guaranteed income it does. You are not permitted to receive a refund of this interest at any time; this is usual to group policies because, as a whole, they offer sufficient compensations to dwarf the importance of the no-interest-refund stipulation. The Harmon Plan is no exception, and the most worthwhile compensation it offers might be considered the permitted withdrawal of total deposits at any time—as distinguished from the refund on an individual policy whereby part of the premiums paid must be forfeited if withdrawal

*See also the hospitalization, sickness and accident insurance plans offered to nurses by the Harmon Association.

occurs in the early years. Since no one can foresee the financial reverses of the future, a nurse is fortunate in her assurance under the Harmon Plan of not losing a cent of the money she has deposited regardless of when she might have to discontinue her retirement program. (During 1928-1937, Government figures show that over 50 per cent of life insurance terminations occurred in the *early* years when no cash value was available.) The fact that the Harmon Plan can be adjusted to practically any circumstances that a nurse must face, compensates for any other slight "no-interest" advantage. It has been conceded to have the greatest potentiality for completion either as planned or modified by the nurse. The value of this safeguard outweighs all other considerations.

Can state nurses' associations be members of the Annuity Plan?

Answer—Yes, the state and district offices can enter the group Plan for their staff employes, and the state association can sponsor the Plan for individuals, but the Harmon Association cannot give the state nurses' association a commission for individuals who join the plan. *All the money paid by a Harmon Plan member for her annuity goes into her annuity fund to make it as large as possible for her own use.* It does not go into the business-overhead expenses.

Can hospitals join the Plan?

Answer—Yes, we are glad to have hospital staffs join. We can admit the entire hospital staff so long as nurses are in the group.

As in all other annuity plans which are safe and ethical, the sooner you join the Harmon Plan and start your retirement fund, the greater will be your monthly income from it when you retire; also, the more you can afford to put in each month, the more you will have to live on. Ten per cent of your income should be planned toward your retirement, especially if you want to retire early while you still feel able to get the most out of your well-earned leisure. When your salary reaches the level which permits a saving of *more* than 10 per cent without undue sacrifice, then your fund can really benefit and your future be made secure. The deposit of a lump sum, especially early in life, helps materially to increase your annuity. The peace of mind which comes from the knowledge that you will not be a burden to your friends and family when you are too old to work, and the joy of looking forward to doing all the little things you have not had time for, are worth the small sacrifice that is necessary now. There is no time like the present to prepare for your future.

A representative of the Harmon Annuity Plan will be glad to present it to your district group, your state association or, if given ample notice, to smaller groups. Compare carefully before you select any other annuity plan and if you wish the Harmon office to make a comparison of plans for you—that is your privilege also. The Association exists to serve nurses.

For information, address The Harmon Association for the Advancement of Nursing, 140 Nassau Street, New York 7, N. Y.

. . . so I took up nursing

[*Continued from page* 42]

into the eyes of the bewildered instructor and said innocently, "He must mean you."

I remember one tall, blonde pediatrics supervisor who was known to usher new nurses through her department keeping up a steady flow of chatter in a soft, Lady Esther voice. And when this confidence inspiring creature entered the formula room, she said, "This is where the medications are kept, formulas poured, and where the nurses make ice cream and fudge on my day off." Then as an afterthought, "I guess they think I don't approve."

One day I was busily cleaning some enema tips when I noticed the supervisor eyeing me. Eventually she asked, quite interested, "Where did you get that little brush you are using?"

"Right here on the sink," I beamed, knowing I'd be praised for using ingenuity.

I know it must have hurt her to say this because she wore such a pained expression when she said, "Miss . . . . . , that is the brush everyone else uses to clean drinking tubes."

To change the subject quickly, our director of nurses was a shrewd character. I could never tell what she was thinking, but I could almost always secure special permissions from her by using the proper approach.

In my repertoire there are three methods of approach. They are the direct, humorous and indirect.

The direct approach is simply and honestly stating the request. I have never tried this, but I've heard of an instance or so in which it worked.

The principle of the humorous approach is to get your prey in such a happy, jovial frame of mind that she just can't refuse. This is accomplished by a good gag. For example, I walk into the school office with a big smile on my face and say, "What's the strongest day of the week?"

The director says, "I don't know."

Then I say, "It's Sunday, because all the rest are week days." While she is still convulsed with laughter, I cleverly direct the conversation toward my request. "Speaking of Sunday, may I have Sunday off?" (That was just an example. I wouldn't advise any of you to use that particular approach.)

Now the indirect method is my favorite. Its principle is to state your request in such a complicated, roundabout manner that the person with whom you are dealing finally says "yes" to get you out of her hair, and when the whole episode is over, you have secured your permission, and she doesn't have the slightest conception of what she has granted.

I employed the indirect method when Spitz and I bought each other a baby chicken for Easter, and then suddenly realized we didn't have any place to keep them except in our room. When I made my first trip to the school office, did I say, "May we raise chickens in our room?" I should say not!

I said, "Are students ever allowed

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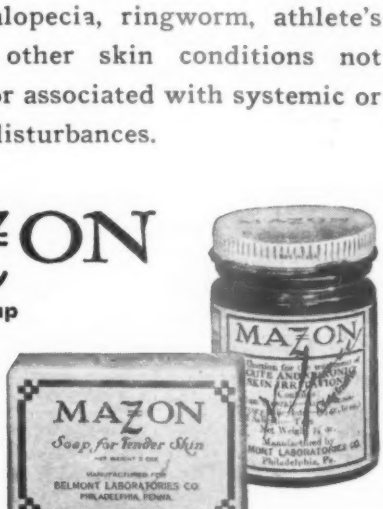

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to keep small pets in their rooms?"

Envisioning cats and dogs she said, "What kind of pets?"

"For instance, goldfish," I said.

"Why, of course," she said.

"Well, we don't have any goldfish," I countered. "How about a canary?"

"I don't see why you couldn't keep a canary," she said, after thinking a moment.

"We don't have a canary either," I confessed, "but we were given two darling newborn chickens for Easter, and we wondered if we could keep them in our room."

"Yes, you may," she said and dismissed me with her eyes.

We kept the chickens until they were all feathered out and the whole third floor smelled like a barnyard. Then to gain back our positions in the mad social whirl of third floor we gladly gave them to Spitz's aunt.

Since we had to be in the nurses' home every night by 8:45, it was practically impossible to participate in any outside social activities, so we had to provide our own evening entertainment. I remember one typical quiet evening at home. Tired of chatting, I stood on my head on an upper bunk and put my feet on the ceiling. Ecila in the bunk below me, also tired of chatting, put her feet on the springs of the upper bunk and began bouncing it vigorously. Eelg decided to balance a massive desk lamp on her chin and Spitz, also bored, scaled the door, placed one foot on one door knob, one foot on the other door knob, and gleefully began swinging back and forth. This amateur three-ring circus had been in progress for some time when suddenly an ominous hush fell over the room. I peered over the edge of the bunk, and there stood the housemother wearing that what-is-going-on-here expression which she so often used to stop trains and freeze ice cream.

"Just what is the meaning of this?" she asked icily.

"We have to have some outlet for our nervous energy," I explained, remembering what I'd learned in psychology class that day. "If we weren't doing this, we might be doing something destructive, and then we might get into trouble."

"Oh," she said, mystified.

I sometimes wondered, before I entered nurses' training, whether I would ever pass. Silly girl. As soon as I started floor duty, I knew I needn't have worried about passing. I passed trays, passed bedpans, passed face washes, passed medications, passed linen, passed bedpans, and often I thought I'd pass out.

But finally the day came; it was time for me to participate in graduation exercises. All of my relatives came to see the event, for they'd never have believed it otherwise. Truthfully, I couldn't believe it myself until I was standing on a flower-festooned stage and the director of nurses was handling me my diploma. "Thanks," I mumbled, licking her hand. Then, stuffing the diploma down the front of my new white uniform where it would be safe, I stumbled off the stage to the strains of "Pomp and Circumstance."

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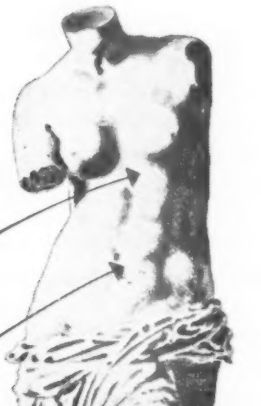

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News

[*Continued from page* 47]

surveys and further studies on aid to medical schools; and prompt attention to needs of medical research, preventive medicine, public health and education.

▶ NEWSLINGS: BCG vaccination, provided free of charge in government health centers, will be made compulsory for virtually the entire French population under 30 years, who react negatively to Tb tests . . . Student nurses aid the Student Nurse Recruitment Committee of Southern California by speaking at local high schools and junior colleges . . . The Federal bill providing a $35 million appropriation for school health services in nonpublic and public schools has been passed by the Senate . . . When 475 high school juniors at Bloomfield, N.J., were surveyed to determine their vocational interests, nursing proved most popular. Teaching ran a close second . . . The Cornell University-New York Hospital School of Nursing is one of the five basic U.S. nursing schools to be accredited by the NOPHN. Graduates may now be classified as qualified public health staff nurses . . . An AMA study of doctors' deaths reveals that doctors treat their patients as well as they do themselves. Average age at death was 67.3 compared with 67.5 for the white male population . . . A National Commission on Chronic Illness has been established to develop and coordinate social and medical services for the chronically ill who make up about one-sixth of the nation's population . . . Procurement of nurses and the need for a stronger Naval Reserve Nurse Corps were stressed in a recent conference of Chief Nurses from continental Naval hospitals, held by the Director of the Navy Nurse Corps, Captain Nellie J. DeWitt, N.C. . . . The National Society for Crippled Children and Adults is sponsoring a bill to establish a Federal-state program of special education for the nation's 8 million handicapped children . . . ICN's fiftieth birthday convention, held at Stockholm, Sweden in June, attracted 4,000 nurse delegates from all corners of the world . . . Beginning in August the Hotel Dieu School of Nursing in Louisiana will accept male students for the first time . . . Members of the Association of Nurse Anesthetists will gather in Cleveland, September 26-29 for their sixteenth annual meeting.

▶ TRAGIC DEATHS of four newborn babies in a Florida hospital have been blamed on analine dye ink used in marking diapers. A *JAMA* editorial warns that unless diapers are boiled after marking and thoroughly dried, the dye may be absorbed through the baby's skin and produce cyanosis by converting hemoglobin to methemoglobin, a non-oxygen carrying pigment.

▶ R.N.'s INTERESTED in becoming teachers and administrators in schools of practical nursing are offered a choice of two six-weeks' workshops at the College of Nursing

of Wayne University, one from September 12 through October 21, 1949, the other from February 6 through March 17, 1950. The work will carry no college credits; admission is based on evidence of need of preparation. The Group Leader will be Assistant Professor Elizabeth I. Sears, assisted by other faculty members. For further information write to: Dean, College of Nursing, Wayne University, 5257 Cass Ave., Detroit 2, Mich.

▶ ABOUT PEOPLE: *Dr. John Frederick Erdmann,* veteran surgeon of New York Postgraduate Hospital and Doctors' Hospital, this year celebrated his 85th birthday but doesn't consider that a reason for giving up the scalpel. Still hale, hearty and professionally active, Dr. Erdmann has performed more than twenty thousand operations in the past 62 years . . . *Mrs. Rosa Mae Johnson Young* recently became the first Negro supervisor-nursing instructor at the Los Angeles County General Hospital receiving the appointment on the basis of a 99.55 per cent rating in a Civil Service examination. Mrs. Young, a graduate of Kansas City General Hospital, has worked as staff and head nurse at the Los Angeles County General, in addition to studying for a B.S. degree in nursing education . . . *Major Lillian F. Baker,* ANC, who served in the North African campaign of 1943 and in Italy in 1944, recently assumed the position of Operating Room Supervisor at Walter Reed General Hospital . . . *Elizabeth I. Sears,* assistant professor at Wayne University College of Nursing, has succeeded Hilda M. Torrop as supervisor of the Michigan Practical Nurse Training Project . . . *Rosalie Beams,* Bellevue graduate and former member of the ANC, who recently received her Master of Arts degree with a major in Nursing Education from N.Y.U., has been appointed Director of the School of Nursing and Nursing Service of Rhode Island Hospital . . . New divisions in the USPHS Bureau of Medical Services, which has undergone drastic reorganization, include that of nursing resources headed by *Margaret Arnstein* . . . Counselor for Connecticut's Professional Counseling and Placement Service, *Agnes E. Salisbury* has been named Edu-

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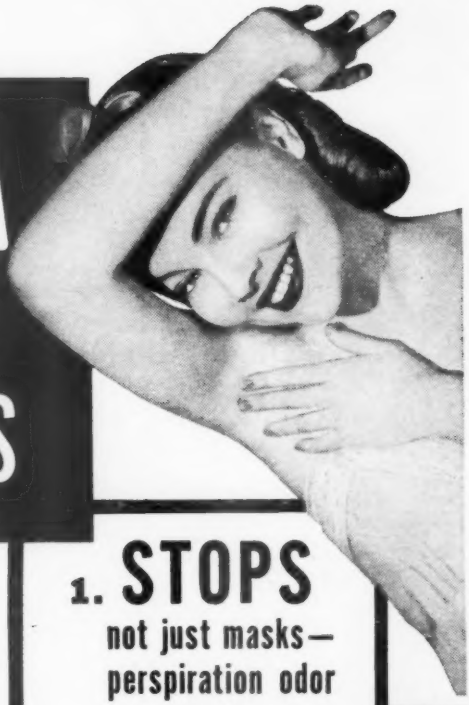

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cational Director of the Florida State Board of Examiners for Nurses. Her new duties begin this month . . . *Edith M. Haydon*, Director of Nurses and the School of Nursing, St. Elizabeth's Hospital, Washington, D.C., received an award for "achievement in nursing" by the General Alumni Association of George Washington University. Miss Haydon, a graduate of the Army Nursing School, has a M.S. degree from Catholic University and is co-author of a textbook on psychiatric nursing.

▶ AIR-MINDED NURSES looking for stewardess jobs will be given priority rating under United Airlines new recruiting program. Originally, only R.N.'s were employed by United Airlines but during the war girls with business and college training became eligible. Base pay ranges from $180 to $264 for 85 flight hours a month and the airline pays expenses when stewardess is away from home base. R. M. Wainwright, superintendent of stewardess service, says, "Nurses are particularly fitted for this work. They are well disciplined, are trained to maintain a neat appearance and have a faculty for anticipating others' wants."

▶ HOSPITAL HOME CARE is no longer an experimental project; it's here to stay. Dr. Marcus Kogel, N.Y.C. Commissioner of Hospitals, recently announced the addition of 163 jobs to the payroll to take care of seven more hospitals entered under the plan. It is estimated that 218,400 annual nursing visits, provided by visiting nurses on a contractual basis, will be made when the program gets into full swing.

▶ BONE BANKS, made possible by improved methods of freezing and preserving bone, have been set up in Navy hospitals. According to Lieutenant George W. Hyatt, these banks will shorten operating time about 30 per cent; will necessitate only one operation in autogenous surgery (moving a patient's bone from one area to another); will favor quick recovery due to less pain and shock; and reduce the number of blood transfusions.

▶ TRUTH AND CONSEQUENCES' radio contest earnings this year and foundation grants have enabled the National Committee for Mental Hygiene to create three new divisions concerned with state and local organizations, education, and world affairs. These are designed to extend the Committee's services to the psychoneurotic and mentally ill.

▶ ERRATUM: It has come to **R.N.**'s attention that, although a Toni advertisement in the *JAMA* carried an endorsement from the Joint Committee on Cosmetics, and a press release from the Home Beauty Institute confirmed this statement, such is not the case. Toni, Richard Hudnut and the Rayve home permanents have been accepted for advertising by the AMA Advertising Committee, but only Rayve is accepted by the Joint Committee on Cosmetics. The other two are being considered.

Americans' toothbrushes

[*Continued from page* 37]

Dental treatment

The premise that the average person should visit the dentist twice a year for dental examination was accepted by the investigators. This survey revealed that only 20.4 per cent of the persons studied had gone to a dentist twice a year for a checkup during the preceding two years, in spite of the fact that during this period the American people enjoyed the highest standard of living in history. Of the males, 17.8 per cent reported semi-annual dental checkups; females showed a higher percentage (22.8 per cent).

Since one-and two-year-olds rarely require visits to the dentist, they were not included in the compilation. Of the 3-9 age group, 16.1 per cent had gone to the dentist twice a year during the past two years; of the 10-19 age group, 29.6 per cent; of the 20-29 age group, 22.3 per cent; of the 30-49 age group, 21.6 per cent; and of the 50-and-over group, 15.7 per cent.

The most marked neglect seemed to be in the 3-9 age group. This is even more striking when one compares the various age groups with respect to failure to go to the dentist even once within the past two years. Of this group, 29.9 per cent had not gone to a dentist for a checkup within the past two years. The percentages in the other groups were: 10-19 age group, 8 per cent; 20-29 age group, 11.5 per cent; 30-49 age group, 16.8 per cent. In this category the 50-and-over group with 31.8 per cent showed the poorest record. However, it must be remembered that since so many of this older group no longer have their natural teeth, the high percentage who fail to go to a dentist is not as significant as the high percentage in the 3-9 age group. In the 3-9 age group, neglect of visits to the dentist is deplorable because dental authorities are confident that many dental diseases in adults can be prevented by providing dental treatment for the younger children.

Differences were shown among the three economic groups studied. Of the upper economic group, 33.4 per cent had gone to a dentist twice

a year for a checkup; of the lower economic level, 15.1 per cent. Surprisingly, no appreciable difference between metropolitan and rural areas was found.

During the past two years 27.4 per cent of the respondents found it necessary to go to a dentist for emergency treatment. The number of individuals from the various economic groups showed only slight differences in the amount of emergency treatment required. Evidently people in the low economic group make financial sacrifices, and residents of rural areas disregard traveling difficulties in order to obtain emergency dental treatment. There were also only slight differences among the various geographic areas.

Within the past two years 63.3 per cent of persons with high incomes and 55.6 per cent of those with moderate incomes had all recommended dental treatment completed. However, only 44 per cent of persons in the low economic groups had all recommended treatment. Note the significant differences among the economic levels in obtaining complete dental treatment, although relatively small differences were noted for emergency treatment. The data showed that 50.9 per cent obtained all treatment recommended by the dentist within the past two years.

Small towns and rural areas showed that 46.6 per cent of persons obtained all necessary treatment, with metropolitan and smaller cities showing percentages of 53 and 53.3, respectively.

Among all age groups, the younger children showed the most glaring neglect; 35.8 per cent of the 3-9 age group, 65.5 per cent of the 10-19 age group, 58 per cent of the 20-29 age group, 57 per cent of the 30-49 age group, and 41 per cent of the 50-and-over age group had all recommended treatment completed within the past two years. Obviously, measures should be taken by parents, dentists and health educators to motivate more attention to dental problems of younger children.

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R.N. Speaks

[*Continued from page* 25]

independent of organizational ties, therefore free of national pressures.

If we should in time create great central powers by amalgamating all national associations into one or two, we should simultaneously create strong regional groups to observe and analyze trends; to help individual states to understand the issues; and to encourage state associations to act as checks and balances to a national centralization of power. In cases where the individual states are ineffectual, regional organizations comprised of a number of states would be in a stronger position than lone states to recommend specific remedies to the national.

Nationally and locally, the cost of nursing organization is going up. Concurrently, more skilled help is needed in legal matters, public relations and counseling and placement. As small states try to furnish these services, calling for hard-to-find and expensive experts as well as a state headquarters, additional increases in dues *must* come to mean additional skilled services for members—otherwise members will drop out. The old economic principle of the law of diminishing returns still operates within and outside of nursing.

It would seem inevitable that these specialized expensive services must ultimately be supplied on a regional basis, just as some of our Government agencies and business concerns operate now. However, the perplexity of sectionalism, states' rights and nationalism has been with us throughout American history. There has been a constant struggle to ascertain the proper relationships between the Government and its subdivisions.

More recently, many citizens have advanced the belief that regional subdivisions are the logical government units. Men living in the same geographic area, facing mutual problems, usually make similar adjustments; therefore, their viewpoints are somewhat alike.

Why shouldn't states combine forces on certain issues to help each other when expert help is needed? We in nursing, like the citizens of the United States, are looking for a compromise between the dangers of extremes of over-centralization of our national association and devitalized state associations. Moreover, many groups of state nurses' associations have interests and problems in common. This has been quite evident in New England and in the South, where there has always been a sense of regional interdependence.

Unhampered by prolonged business sessions because they have no legislative or executive functions, Division conventions truly have fostered the interchange of ideas and the more intelligent understanding of the neighboring states' problems. Attending the Southern Division's 11th Biennial Convention in San Antonio, Texas, in May, convinced me that Divisions should be revived. However, until they have found themselves through the discussion of common issues they should remain allied with but not become a com-

ponent part of the national structure. There are distinct advantages both to the group and to the profession at large in remaining apart—as do the tri-state hospital groups and medical societies. Organizational machinery is kept to a minimum and discussion to a maximum. In nursing we have allowed ourselves to get so involved in organizational machinery that there is little time or strength left to consider really important matters.

More often than not, there is greater danger in over-centralization than in decentralization. If Divisions understand and pursue their objectives they should never be feared by the national organization—rather than a threat they should be looked upon as champions in furthering the ideals and standards of the ANA.

—ALICE R. CLARKE, R.N.

Typical nurse's uniform 1902

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ANESTHETIST: Relatively new hospital, 250 beds. Group well qualified specialists in connection. Town 40,000 near university center, Southeast. $4200-$4800. RN-3 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

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DIRECTOR-INSTRUCTORS: Assistant Director of Nursing Service, Nursing Arts Instructors, Surgical and Medical Nursing Instructors. Degree and experience preferred. 500 bed general hospital with school of nursing. 40 hour week, salary open. Apply Director of School and Nursing Service, Sacred Heart Hospital, Spokane, Wash.

DIRECTOR OF NURSES: One of country's largest teaching hospitals. Duties principally administrative with public relations. $7200, maintenance. RN8-5 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

DIRECTOR OF NURSES: $350, maintenance. 100 bed general hospital. California. Degree required. (N538) Woodward Medical Bureau, 185 North Wabash, Chicago, Ill.

DIRECTOR OF NURSES: 119 bed general hospital, all graduate staff, adequate help. Prefer Bachelor of Science Degree. Salary $300 per month. Address inquiries to Administrator, St. Luke's Hospital, St. Paul, Minn.

DIRECTOR OF NURSES: General hospital, 125 beds. All-graduate staff. College town located beautiful vacation area, Rocky Mountain state. RN8-4 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

DIRECTOR OF NURSING EDUCATION AND SCIENCE INSTRUCTOR: 240 bed hospital. 60 students. B.S. degree and experience required. Maintenance available. Salary open. Apply Director of Nursing, Montgomery Hospital, Norristown, Pa.

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EDUCATIONAL DIRECTOR: One of most important voluntary hospitals in Middle West. Teaching affiliations. University center. $4000. RN8-7 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

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EDUCATIONAL DIRECTOR: $4000 increasing to $4500. 500 bed general hospital. East. (N174) Woodward Medical Bureau, 185 North Wabash, Chicago, Ill.

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GENERAL DUTY NURSES: General, private hospital operated by group of specialists. Fully approved. $235-250. Delightful location, California. RN8-19 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

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OBSTETRICAL NURSE: To assist obstetrician, head of department, well-established group clinic. Town, 40,000, short distances from large cities. RN8-13 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

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OPERATING ROOM NURSE: Experienced. 50 bed hospital. Southern Minnesota. Salary open. Write Owatonna City Hospital, Owatonna City Hospital, Owatonna, Minn.

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[Turn the page]

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REGISTERED NURSE: To work in clinic building. Eight hours daily. Adequate salary. Two weeks' vacation with pay. Additional twelve days off or sick leave. Write P.O. Box No. 609, Cheboygan, Mich.

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REGISTERED NURSES: Alternate shifts. 6 day week, 8 hour day. Salary $195 plus $5.00 for night shift, plus meals and laundry and 6 holidays. Additional pay for surgery. 40 bed hospital with plans to increase to 70 beds. Individuals who wish may have 3-11 or 11-7 steady. Hand Memorial Hospital, Shenadoah, Iowa.

SCIENCE INSTRUCTOR: Vacancy Sept. 1. 120 bed hospital, 32 students. 40 hour week. Excellent personnel policies. Salary depends on preparation and experience. Apply Director of Nurses, Amsterdam City Hospital, Amsterdam, N.Y.

SCIENCE INSTRUCTOR: $3600, maintenance. One month vacation plus sick leave. 100 bed eastern hospital. (N178) Woodward Medical Bureau, 185 North Wabash, Chicago, Ill.

SOCIAL AND GUIDANCE DIRECTOR: School of nursing, large general hospital, East. RN8-18 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

STAFF NURSES: 114 bed, well equipped general hospital. Additional salary for evenings and nights. Also need Evening Supervisor, Nurses Aide Supervisor, and Surgical Scrub Nurse. Vacations, holidays, sick leave. One hour by plane from Salt Lake City, two hours from Denver. Superintendent of Nurses, Memorial Hospital, Rock Springs, Wyo.

[Turn the page]

STAFF NURSES AND SUPERVISORS: For all departments, new general hospital now being constructed large city, foreign country. RN8-12 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

SUPERVISOR: Infirmary and convalescent department, home for aged. University town, Middle West. Substantial salary including private apartment. RN8-14 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

SUPERVISORS: Clinical Supervisor of Medicine & Surgery and Obstetrical Supervisor. Good salary and personnel policies. Contact the following for personal interview. Director of Nurses, The Woman's Hospital of Philadelphia, Preston and Parrish Sts., Philadelphia 4, Pa.

SURGICAL NURSE: To assist American Board surgeon, chief of surgical department, group clinic and chief surgeon. Small hospital, South. RN8-16 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

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VISITING NURSE: Staff vacancy, Negro Nurse. Salary based on experience. Liberal personnel policies. Write Director, Atlantic Visiting Nurse and Tuberculosis Assn., Atlantic City, N.J.

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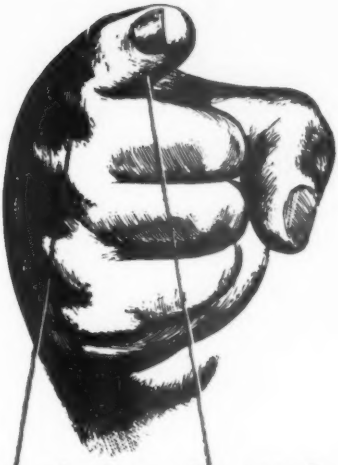

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*Wilkerson, H. L. C. and Krall, L. P.: Diabetes in a New England Town. Journal of the American Medical Association, 135:209 (Sept. 27) 1947.

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